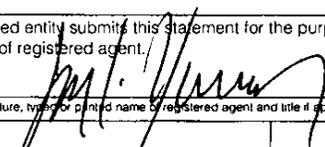
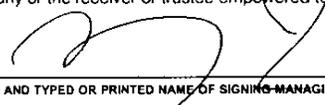


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 039 ****50.00

DOCUMENT # L03000010183			
1. Entity Name AEM ANFANG, LLC			
Principal Place of Business 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 US		Mailing Address 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 801 Brickell Ave		3. Mailing Address PO Box 452124	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33131		Zip 33245	
Country US		Country US	
6. Name and Address of Current Registered Agent VARGAS, PIEDRA & CO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: Jorge Rodriguez Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave # 800 City: Miami FL Zip Code: 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		JORGE RODRIGUEZ / AGENT	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 1/31/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARDI, EZIO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 452124 Miami, FL 33245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		01/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone #	

60013136



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-1166664 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required